



Ummati Learning Centre

Helping Your Children Help You

Address: 205 County Court Blvd. Suite 200/200A Brampton, ON Canada L6W 4R6

Phone: 647-909-6490 **Email:** ummatilc@gmail.com

ADMISSION FORM

STUDENT INFORMATION: (Please print clearly)

Enrolling Grade: _____ Entry Date _____ / _____ / _____
YY MM DD

Student Name: _____
First Name Last Name

Address: _____ City: _____

Postal Code: _____ Home Tel: (_____) _____ E-mail _____

Date of Birth _____ / _____ / _____ Age: _____ Male: _____ Female: _____
YY MM DD

Country of Birth: _____ Status in Canada: _____

Language spoken at home: _____ Does the child speak English? Yes _____ No _____

Date entered in Canada: _____ / _____ / _____ OHIP # _____ Expiry Date: _____ / _____ / _____
YY MM DD YY MM DD

Family Doctor's Name: _____ Tel #: (_____) _____

Name of previous school: _____

Address: _____ City: _____

Postal Code: _____ Tel # (_____) _____ Fax # (_____) _____

Reason for leaving previous school: _____

Reason for joining Ummati: _____

Has your child been enrolled in any special programs (e.g. Gifted, French Immersion, Special Need, ESL, IEP)?

Please describe: _____

Does your child have any special learning, behavioral or physical difficulties?

Please describe: _____

OFFICE USE ONLY

First day of attendance _____ / _____ / _____

Date OSR received _____ / _____ / _____

Date OSR requested _____ / _____ / _____

Transfer Note

